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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/763,970
Filing Date	January 26, 2004
First Named Inventor	Joseph Michael Reeves
Art Unit	1744
Examiner Name	
Attorney Docket Number	1810.01

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

I have been attempting to communicate with the Applicant since early May of 2004, but Applicant The reasons for this request are: has not responded to any of those efforts, thereby making it impossible to act on his behalf.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Michael Reeves				
Address	520 Water Street				
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Name	Dennis B. Haase				
Signature				Registration No.	22,037
Date	8-09-04			Telephone No.	[501] 609-0404

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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CERTIFICATE OF MAILING

In Re The Application of

JOSEPH MICHAEL REEVES

Serial No. 10/763,970

Filed: January 26, 2004

For: UTILITY MITTEN

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

AND CHANGE OF CORRESPONDENCE ADDRESS

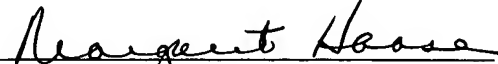
I hereby certify that this Request for Withdrawal is being deposited with the United States Postal Service, first class mail, charges prepaid, in an envelope addressed to:

Commissioner for Patents
Post Office Box 1450
Alexandria, Virginia 22313-1450

and

Mr. Michael Reeves
520 Water Street
North Little Rock, Arkansas 72117

on August 9, 2004


Margaret Haase

Dated: August 9, 2004